

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005306

1. Entity Name
BAHIA HONDA REAL ESTATE INVESTMENTS IV, L.L.C.



FILED

2004 JUN 15 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% 2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

Mailing Address
% 2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number **41-2079487** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175**

7. Name and Address of New Registered Agent
Name **A & A Registered Agent, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137 Avenue
Suite 221
City **Miami** FL Zip Code **33175**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE **Gretel Rodriguez President** DATE **4/7/04**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADRIAN REAL ESTATE INVESTMENTS IV, INC. 2450 SW 137TH AVE., SUITE 228 MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **[Signature]** Date **(305) 221-2110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE